CANNON BUILDING
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STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

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STATE OF DELAWARE UNIFORM CONTROLLED SUBSTANCES ACT
ACT 16 • 47 SECTION 4732

(For Office of Controlled Substances Drugs Use Only):				
License No.	**Renewal Date**	**Amt. Rec'd.**	**Check No.**	**Date Rec'd.**

PLEASE PRINT OR TYPE

SECTION A - **PERSONAL DATA** (*Do not use a post office box address*)

NAME AND PRACTICE ADDRESS TO BE REGISTERED (LAST, FIRST, MIDDLE INITIAL)	**NAME AND HOME ADDRESS (LAST, FIRST, MIDDLE INITIAL)**

DATE OF BIRTH	**HOME PHONE**	**WORK PHONE**

REGISTRATION REQUESTED AS:

☐ **PRESCRIBER OR DISPENSER ($40.00)** ☐ **DISTRIBUTOR ($100.00)** ☐ **LABORATORY ($40.00)**

☐ **MANUFACTURER ($100.00)** ☐ **RESEARCHER ($40.00)** ☐ **OTHER ($40.00) SPECIFY:**

MAKE CHECKS PAYABLE TO "STATE OF DELAWARE"

REGISTRATION IS REQUESTED IN THE FOLLOWING SCHEDULES: ☐ **II** ☐ **III** ☐ **IV** ☐ **V**

NOTE:
PRESCRIBERS AND DISPENSERS LISTED IN SECTION "B" BELOW MUST COMPLETE ALL SECTIONS EXCEPT "D".
RESEARCHERS, MANUFACTURERS, DISTRIBUTORS, AND LABORATORIES MUST COMPLETE ALL SECTIONS EXCEPT "B".

SECTION B - **PRESCRIBERS AND DISPENSERS** (*Check Category*)

1. ☐ **M.D.**
2. ☐ **D.O.**
3. ☐ **DENTIST**
4. ☐ **VETERINARIAN**
5. ☐ **PODIATRIST**
6. ☐ **PHARMACY – Resident**
☐ **PHARMACY – Non-resident**
7. ☐ **HOSPITAL**
8. ☐ **CLINIC**
9. ☐ **EXEMPT OFFICIAL (NO FEE) (ALSO CK CATEGORY 1-9)**

SOCIAL SECURITY NO_____ **FEDERAL DEA NO**_____ **DE PRACTIVE BOARD NO**_____

SECTION C

1. □ Yes □ No	**HAS THE APPLICANT BEEN CONVICTED OF A FELONY OR MISDEMEANOR UNDER STATE OR FEDERAL LAW RELATING TO THE MANUFACTURE, DISTRIBUTION, OR DISPENSING OF CONTROLLED SUBSTANCES?**	**IF THE ANSWER TO QUESTIONS ONE AND/OR TWO IS AFFIRMATIVE, PLEASE ATTACH A LETTER SETTING FORTH THE CIRCUMSTANCES OF SUCH ACTION.**
2. □ Yes □ No	**HAS ANY PREVIOUS REGISTRATION HELD BY THE APPLICANT, CORPORATION, FIRM, PARTNER, OR OFFICER OF THE APPLICANT UNDER THE CONTROLLED SUBSTANCES ACT, STATE OR FEDERAL, BEEN SURRENDERED, REVOKED, SUSPENDED, DENIED OR IS IT PENDING SUCH ACTION?**	
*** 3. □ Yes □ No**	**DOES THE APPLICANT INTEND TO ROUTINELY DISPENSE CONTROLLED SUBSTANCES?**	*** PRACTITIONERS WHO ROUTINELY DISPENSE OR STORE CONTROLLED SUBSTANCES ARE REQUIRED TO COMPLY WITH SECURITY REQUIREMENTS OF THE STATE AND FEDERAL CONTROLLED SUBSTANCES ACTS. THE PREMISES OF THE APPLICANTS WILL BE INSPECTED TO DETERMINE COMPLIANCE WITH THESE REQUIREMENTS.**
*** 4. □ Yes □ No**	**DOES THE APPLICANT INTEND TO STORE CONTROLLED SUBSTANCES FOR PATIENT ADMINISTRATION**	

SECTION D

□ **I AM NOT ENGAGED IN THE MANUFACTURE OR DISTRIBUTION OF, OR RESEARCH WITH CONTROLLED DANGEROUS SUBSTANCES LISTED IN SCHEDULES I AND II.**

□ **I PROPOSE TO MANUFACTURE, DISTRIBUTE OR CONDUCT RESEARCH IN THE INDIVIDUAL CONTROLLED DANGEROUS SUBSTANCES SCHEDULES I AND II WHICH ARE LISTED BELOW.**

(TYPE OR PRINT APPLICABLE SUBSTANCES)

Note: Researchers, manufacturers, distributors, and laboratories must complete Section "D".

SECTION E - **PRACTICE INFORMATION**

1. TYPE OF BUSINESS

□ PROPRIETORSHIP **□ PARTNERSHIP** **□ CORPORATION OF**_____

STATE OF INC._____

□ OTHER SPECIFY

2. FEDERAL DEA REGISTRATION NUMBERS OF MANUFACTURERS, DISTRIBUTORS, RESEARCHERS, OR LABORATORIES.

3. NAME AND ADDRESS OR PERSON HAVING ADMINISTRATIVE OR MANAGERIAL RESPONSIBILITY FOR REGISTERED LOCATION.

4. NAME AND ADDRESS OF REGISTERED AGENT (IF CORP.) OR NAME AND ADDRESS OF RESIDENT UPON WHOM ORDERS MAY BE SERVED. (IF NON-RESIDENT PROPRIETOR OR PARTNER)

5. **LIST NAME, TITLE AND RESIDENCE ADDRESS OF EACH PRO- ATTACH ADDITIONAL SHEETS IF NECESSARY. PRIETOR, GENERAL PARTNER, CORPORATE OFFICER, (PRESIDENT, SECRETARY, CHIEF EXECUTIVE OFFICER) AND PRINCIPAL SHAREHOLDER(S) (OWNER OF 10% OR MORE OF OUTSTANDING COMMON STOCK).**

NAME AND TITLE	RESIDENCE ADDRESS

SECTION F - CERTIFICATION

I HEREBY CERTIFY THAT THE FACTS STATED IN THIS APPLICATION, INCLUDING THE STATEMENTS ON THE ATTACHED SCHEDULE, ARE TRUE, COMPLETE AND CORRECT AND THAT APPLICATION IS MADE TO OBTAIN A BIENNIAL REGISTRATION PURSUANT TO THE UNIFORM CONTROLLED SUBSTANCES ACT.

I AGREE TO ABIDE TO THE LAWS OF DELAWARE AND THE FEDERAL GOVERNMENT.

FEE ENCLOSED $ _____

SIGNATURE _____

DATE _____

_____

NAME AND TITLE OF APPLICANT OR OFFICER